



BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS

2535 CAPITOL OAKS DRIVE, SUITE 205
SACRAMENTO, CALIFORNIA 95833
TELEPHONE (916) 263-7800; FAX (916) 263-7859
INTERNET ADDRESS: <http://www.bvnpt.ca.gov>



CONSUMER COMPLAINT FORM

Please Print or Type

COMPLAINT REGISTERED AGAINST (LICENSEE)			
1. Last Name		First	Middle Initial
Individual is licensed as (Check One):		<input type="checkbox"/> Licensed Vocational Nurse (LVN) <input type="checkbox"/> Psychiatric Technician (PT)	
License Number (if known):			
Business/Facility Name (at time of incident):			
Licensee's Street Address:		City	State Zip Code
Licensee's Business Phone Number:		Licensee's Home Phone Number:	
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Licensee Currently Employed by (if known):			
PERSON REGISTERING COMPLAINT			
2. Last Name		First	Middle Initial
Business/Facility Name:			
Street Address:		City	State Zip Code
Business Phone Number:		Home Phone Number:	
()		()	
Your Relationship to Licensee:			
<input type="checkbox"/> Employer <input type="checkbox"/> Staff Member <input type="checkbox"/> Patient/Client <input type="checkbox"/> Consumer <input type="checkbox"/> Other (please specify):			
Have you discussed this matter/complaint with the licensee? <input type="checkbox"/> YES <input type="checkbox"/> NO			
When did the incident occur (specify date):			
DETAILS OF COMPLAINT			
3. Describe the events in the order they happened and provide the details of your complaint (i.e., Who, What, Where, When, Why, and How. Also include copies of any relevant evidence/documents, list names of any witnesses and their telephone numbers). Use Reverse Side or attach additional pages as needed.			
4. I hereby certify under penalty of perjury under the laws of the State of California that to the best of my knowledge all of the statements contained herein are true and correct. In addition, I understand that I may be asked to assist with the investigation and/or prosecution of the licensee by signing a declaration, attending the administrative hearing and/or testifying to the facts.			
Signature:		Date:	

DETAILS OF COMPLAINT (CONTINUED)

Complaint Registered Against (Licensee Name):

Person Registering Complaint (Your Name):

[illegible]

**BOARD OF VOCATIONAL NURSING
AND PSYCHIATRIC TECHNICIANS**

2535 CAPITOL OAKS DRIVE, SUITE 205
SACRAMENTO, CALIFORNIA 95833-2945
TELEPHONE (916) 263-7800; FAX (916) 263-7855
INTERNET ADDRESS: <http://www.bvnpt.ca.gov>

**Notice on Collection of Personal Information
For Filing a Consumer Complaint**

Collection and Use of Personal Information. The Department of Consumer Affairs and Board of Vocational Nursing and Psychiatric Technicians (BVNPT) collect the information requested on this form as authorized by Business and Professions Code Sections 325 and 326 and/or Business and Professions Code Section 129. The BVNPT uses this information to follow up on your complaint.

Providing Personal Information Is Voluntary. You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however, the BVNPT may not be able to contact you or help you resolve your complaint.

Access to Your Information. You may review the records maintained by the BVNPT that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. The BVNPT makes every effort to protect the personal information you provide. In order to follow up on your complaint, however, it may be necessary to share the information you provide with the individual or business you complained about or with other government agencies. This may include sharing any personal information you provide. The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Board of Vocational Nursing and Psychiatric Technicians, 2535 Capitol Oaks Drive, Suite 205, Sacramento, CA 95833, (916) 263-7833, or email bvnpt@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 400 R Street, Sacramento, CA 95814, (866) 785-9663, or email privacy@dca.ca.gov.